

SENATOR CRISCO, REPRESENTATIVE MEGNA, MEMBERS OF THE INSURANCE AND REAL ESTATE COMMITTEE AND FORMER COLLEAGUES:

My name is Lee Samowitz. I come before you in support of SB 98 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR SERVICES RENDERED BY ACUPUNCTURIST on behalf of the Connecticut Association for Professional Acupuncture. The proposed bill is identical to HB 5359, which the overwhelming majority of committee members voted for favorably in the 2015 session. We thank you, but we are back because the bill died in the Appropriation Committee. The language of this bill uses language similar to Connecticut General Statutes Section 38a-534, which required coverage for services performed by chiropractors to be treated for like coverage for any others physician. Last session the Insurance Commissioner agreed that this same bill would not trigger the Affordable Care Act so this hurdle should not be a problem. This brings me to the crux of the problem-the fiscal notes. Under current health plans approved in Connecticut, patients might already be covered for acupuncture, but not for services from lower cost Connecticut acupuncturist because the carriers are not mandated to include any acupuncturist. This means acupuncture services might be covered, but only if performed by every other higher cost health providers like physicians and chiropractors, who have taken a few weeks of continuing education training compared to state licensed acupuncturist, who have to go through 3 years of specialized training. Connecticut has created a situation to assure ignored by OFA that Connecticut patients can only get coverage for their treatment by those with the higher cost of service and the least specialized training. If a patient insists on acupuncturist for treatment, the carriers will refer them to acupuncturists in New York or Massachusetts so the state is guaranteed to lose tax revenue which income OFA does not even consider in its fiscal analysis. It is difficult to accept the OFA fiscal note that acupuncture will

increase state costs when empirically we all know that historically poorer nations like China promote acupuncture because they understand that without drug costs, acupuncture is the most cost effective treatment for pain and anxiety yet Connecticut's fiscal analysis found this mandate would increase state costs for public employee and retirees policies. The OFA report last session when calculating the state and municipal impact ignored the fact that some policies like my United Health Care Policy for retired legislators or your health insurance may already allow acupuncturist coverage. We have no real forum to debate OFA, but their numbers do not discount the benefit by reducing drug costs or the social cost of a society addicted to pain killers and opiates. We have provided OFA and whoever wants study after study, some even commissioned by insurance companies that support acupuncture. **The bottom line is that these studies show acupuncture does not elevate the cost of medical services and there should be no state fiscal impact. In fact it has been clinically proven that acupuncture can lower medical costs in conjunction with traditional services and for some symptoms, acupuncture alone will reduce pain and costs.** Last session, this General Assembly passed legislation with great fanfare designed to reduce opiate and drug dependence, but the best way to reduce pain and anxiety drug and opiate addiction is to do it what organizations like the World Health Organization, National Institute of Health, Surgeon General, and the Director of the Veterans Administration have done and advocate for cost and treatment effective acupuncture coverage. Please promote the right for patients' choice to use acupuncture as an alternative to drugs and JF SB98 in its current context to Public Health. I will now take any questions.